DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 09/21/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT DF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	JLTIPLE CONSTR DING	RUCTION	(X3) DATE S COMPLE		
		09G228	B. WI	B. WING		09/0	09/08/2010	
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON				2420 T STRE	SS, CITY, STATE, ZIP CODE ET, SE ON, DC 20020			
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W 000	September 7, 2010 A random sampling from a current popular various levels of medisabilities. Interview retardation professis conference reveale currently in a rehabilities are retardation professis conference reveale currently in a rehabilities are retardations at the programs, interview review of clinical an including incident retardation Professional retardation Profession one of the conference for one of the finding includes. The finding includes to interventions to add tapping/hitting", as expected to a current tapping	n survey was conducted from through September 8, 2010. of three clients was selected platton of five females with antal retardation and with the qualified mental conal during the entrance of that a sixth client was littation facility, however, was to the group home. Survey were based on group home and two day as with clients, staff, and the diamnistrative records, eports. TED MENTAL ROFESSIONAL treatment program must be attended and monitored by a ardation professional. Is not met as evidenced by: and record review, the facility ithe Qualified Mental sional (QMRP) coordinated three clients in the sample.	W 1		MENT OF THE DISTRICT MENT OF THE DISTRICT DEPARTMENT ON ADM DEPARTMENT ON DISTRICT NORTH CAPTING TON, DISTRICT WASHINGTON, DISTRICT WASHINGTON, DISTRICT 9.00	OF COLUMBI ALTH ALTHATION INSTRATION INSTRATION C. 20002		
		CONTINUE DESCRIPTION OF THE CONTINUES OF THE			7171 E		IVA DETE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the leatitution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Excipt for nursing homes, the findings stated above are disclossible 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclossible 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 09/08/2010 09G228 . STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2420 T STREET, 8E RCM OF WASHINGTON WASHINGTON, DC 20020 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL מו (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY W 159 W 159 Continued From page 1 dining room. Client #2 was observed to forcefully hit her right chin with the heel of her right hand. causing a "thumping like" noise. During this time, staff supervising the client had left the area for approximately two minutes, to obtain treatment supplies. Another staff was in the living room area, which was approximately fifteen feet away from the client. At 4:35 p.m., the client again repeatedly hit herself on the right side of her chin. Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were On September 7, 2010, at 4:45 p.m., Client #2 8-27-10 inserviced on this protocol on again repeatedly hit her chin, after staff had Refer to attachment #1 assisted her to complete a peg puzzle. Staff then In the future, the facility Qmrp will ensure that stated to the client, "Don't do that," and gently pulled the client's hand away from her face. the individuals' behavior are addressed, and that the appropriate measures are implemented. Interview with the QMRP on September 8, 2010, Client #2 has a behavioral protocol addressing at approximately 10:15 a.m., revealed the Interdisciplinary team had discussed Client #2's the "Chin Tapping/ Hitting" . All staff were tapping on her chin. Continued discussion with 8-27-10 inserviced on this protocol on the QMRP indicated that the psychologist did not Refer to attachment #1 think the chin tapping was a self injunous In the future, the facility Qmrp will ensure that behavior. According to the QMRP, however, the the individuals' behavior are addressed, and that client did not have a behavior support plan (BSP) the appropriate measures are implemented. to address tapping or hitting her chin. On September 8, 2010 at 10:18 a.m., review of Client #2's psychological assessment dated August 10, 2010 revealed the client's tendency to "engage in idiosyncratic tapping of her chin has been discussed at length in earlier reports." According to the psychological assessment report dated August 10, 2010, the tapping of her chin

seemed to occur most often when the client is not actively engaged in purposaful activity, and when she is anxious, bored, or in some discomfort. The psychological report revealed that a proactive protocol had been introduced "three years ago, and it had been revised, when more insight about

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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W 159	her behavior was at 2010 psychological proactive strategies precursors to increa prompt, sensitive at On September 8, 2 review of Client #2's dated August 10, 2's BSP in the past whi however, the docum direct care team wo plan. At the time of was no evidence the services with the ps recommended BSP implemented to add on face. 483.470(g)(2) SPACT The facility must fur and teach clients to choices about the unhearing and other devices is interdisciplinary team. This STANDARD in Based on observative review, the facility familine ance of a mecommended by the services and the services of a mecommended by the services of a m	couired." The August 10, I assessment also noted, "The se focused on recognizing the ase in tapping, as well as and consistent intervention." 1010 at 12:45 p.m., further se psychological assessment, 010, revealed the client had a lich addressed facial tapping, ment needed revision and the build need to be trained on the filth the Survey, however, there hat the QMRP had coordinated sychologist to ensure the was developed and dress the client's hitting herself of the survey of the client of the survey of the sychologist to ensure the was developed and dress the client's hitting herself of the survey of the sychologist to ensure the sychologist to ensure the client of the survey of the sychologist to ensure the survey of the sychologist to ensure the send to make informed use of dentures, eyeglasses, communications aids, braces, dentified by the sim as needed by the client. Is not met as evidenced by: ion, staff interview, and record alled to ensure the nobility devices as the Interdisciplinary team, for In the sample. [Client #2 and		436	Client #2 has a behavioral protoct the "Chin Tapping/ Hitting". All inserviced on this protocol on Refer to attachment #! In the future, the facility Qmrp with the individuals' behavior are add the appropriate measures are important to the important of the impo	l staff were vill ensure (l ressed, and	8-27-10 at	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
09G228 B. WING	09/08/2010	
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE WASHINGTON, DC 20020		
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W 436 Continued From page 3 1. The facility failed to ensure that Client #3 was provided a wedge for positioning in bed as recommended by the physical therapist, as evidenced below: On September 7, 2010 at 8:50 a.m., Client #3 was observed seated in her wheelchair in the living room. Interview group home staff on September 7, 2010 at 9:10 a.m. revealed that the client was wheelchair dependent and required assistance/support for balancing her body when seated outside of the wheelchair. Interview with Client #3's day program instructor on September 7, 2010 at 12:05 p.m. revealed the client had a goal to improve her trunk strength by sitting on the mat two times a day with standby assistance to improve her trunk strength. Further discussion with the Instructor indicated the client participated in the objective, by sitting on a bed-like structure in the treatment room. The instructor stated that the client was only able to tolerate the sitting required by the objective with assistance. Record review on September 8, 2010 at 10:40 a.m. revealed Client #3 had a goal to mit with assistance. Record review on September 8, 2010 at 10:40 a.m. revealed to "improve trunk strength." According to the objective, the client will sit on the side of her bed for 5 minutes 2 times a day with standby assislance at 100% accuracy." On September 8, 2010 at 10:67 a.m., further review of the PT assessment revealed a recommended to "the client had a wedge for bed positioning the client in bed. Interview with the limit as a day with standby assislance at 100% accuracy."	nagement will adaptive for use. To urring extra c kept in the mg was ce 8-27-10 adaptive for use. To urring extra	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	staff revealed that to be used for position of the survey, client had been proprogram support to 2. The facility failed accessible to Client footrests, es evider On September 7, 2 support staff was on the van. The client bilateral leg contracts of the van. The	he client did not have a wedge foning her when in bed. At the there was no evidence that the vided the recommended improve her bed mobility. If to ensure the wheelchair #2 for her distance travel had	W 4	V V I	The facility QIDP has contacted the vill come to the facility to assess the vheelchair to determine the type of needed. The PT will come to assess the who after the assessment, the spare who will be ordered, and replaced. In the future, the facility managements that the individuals' adaptive in good repair, and available for	ne spare f footrests celchair on celchair foot cnt will re equipment	
	a.m., revealed that recommended that wheelchair for long the survey, there we ensured wheelchair	teptember 8, 2010 at 11:15 the interdisciplinary team Client #3 be provided a distance travel. At the time of as no evidence the facility had foot rests were available for and safety during transport.		درات وسائد المراجعة المستعددة المستعدد المستعدد المستعدد المستعدد المستعدد المستعددة المستعدد ال			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION [X1] PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTII A. BUILDINI B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 09/08/2010		
HFD-03-028			BESS CITY S	STATE, ZIP CODE	U USINE	1/2010	
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1 000	INITIAL COMMEN	TS	-	1000			
	A licensure survey was conducted from September 7, 2010 and through September 8, 2010. A random sampling of three residents was selected from a current population of five females with various levels of mental retardation and disabilities. Interview with the qualified mental retardation professional during the entrance conference revealed that a sixth resident was currently in a rehabilitation facility, however, was expected to return to the group home. The findings of the survey were based on observations at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records, including incident reports.						
1 090	The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.		1 090				
	This Statute is not met as evidenced by: Based on observation and interview, review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the exterior of the GHMRP were maintained in a safe and attractive manner for one of the three residents in the sample. (Resident #2)		1				
	The finding include: During the environmental walk-through on September 8, 2010 at approximately 12:30 p.m., Resident #2's bottom dresser drawer handle was						

LABORATORY DIRECTOR'S UR PROUDER/SUPPLIER REPRESENTATIVE'S SIGNATUR

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			1' ''	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AUDI DAV	o domined home	IDENTIFICATION NO		A. BUILDING B. WING	G	40/03/0040		
HFD-03-028		<u> </u>	<u> </u>		09/08	/2010		
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1 090	observed to have a section broken from it. The drawer handle was made of metal, and the broken edge was sharp. During the the environmental walk-through, the residential manager acknowledged that the aforementioned damage to the drawer was present. I 180 3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on interview, and record review, the GHMRP failed to ensure adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans for one of three residents in the sample. (Resident #2)		1 090	Client #2's bottom dresser drawer replaced on In the future, the facility manager ensure that the individuals furnitugood repair, and maintained in a attractive manner. The maintenance department and	ment with are are in safc, and	9-21-10		
l 180			ł 180	will monitor the individuals furni monthly basis to ensure that they repair. Client #2 has a behavioral protocol the "Chin Tapping/ Hitting". All s inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmrp will the individuals' behavior are addre the appropriate measures are imple	8-27-10			
	interventions to add tapping/hitting", as On September 7, 2 dining room, Resid forcefully hit her rig right hand, causing During this time, st had left the area fo to obtain treatment the living room area fifteen feet away for	coordinate services dress Resident #2's " evidenced below: 010, at 4:30 p.m., whent #2 was observed ht chin with the heel a "thumping like" no aff supervising the rerapproximately two resupplies. Another sta, which was approximate the resident. At 4 repeatedly hit herself	chin nile in the to of her ise. sident minutes, taff was in mately					

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i 180	again repeatedly hassisted her to constated to the resident pulled the resident interview with lhe (at approximately 1 interdisciplinary teat #2's tapping on he with the QMRP ind not think the chin to behavior. According resident did not hat (BSP) to address to "engage in idios been discussed at According to the produced to occur not actively engage when she is anxioud discomfort. The put that a proactive profit intervention." On September 8, 2 also noted, "The precognizing the proactive profit intervention."	2010, at 4:45 p.m., Reit her chin, after staff inplete a peg puzzle. Int. "Don't do that," at shend away from he county of the c	esident #2 had Staff then nd gently ar face. 8, 2010, he esident cussion cologist did urious vever, the rt plan chin. eview of nt dated stendency er chin has ints." nent report her chin esident is div, and evealed duced ed, when cuired." essment cused on in tapping, tent	i 180	Client #2 has a behavioral protoc the "Chin Tapping/ Hitting". All inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmrp with the individuals' behavior are addithe appropriate measures are imported the "Chin Tapping/ Hitting". All inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmrp with the individuals' behavior are addithe appropriate measures are imported the appropriate measures are imported to the appropriate mea	staff were 8-27-10 rill ensure that ressed, and that slemented. rol addressing staff were 8-27-10 rill ensure that ressed, and that
	review of Resident assessment, dated	t #2's psychological d August 10, 2010, re P in the past which a	vealed the			

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Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING B. WING 09/08/2010 HFD-03-028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX TAG REGULATORY DR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 1180 1 180 : Continued From page 3 facial tapping, however, the document needed revision and the direct care team would need to be trained on the plan. At the time of the survey, however, there was no evidence that the QMRP had coordinated services with the psychologist to ensure the recommended BSP was developed and implemented to address the resident's hitting herself on face. 1208 1206 3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record, the group home for mentally retarded person's (GHMRP) failed to ensure that an annual health screening was performed for each employee, as required by this section for two persons. (Staff #1 and Consultant #1) Consultant #1's Health certificate is currently on file. The finding include: Refer to attachment #3 DSP #1's health certificate was completed, On September 7, 2010, at approximately 9:30 a.m., the qualified mental retardation professional 9-24-10 and will be brought to the office on (QMRP) was requested to obtain various records from the administrative office for review during In the future, the provider will ensure that all of the survey. the employees files are updated, and that record are available upon request. On September 8, 2010, at approximately 12:00 p.m., the review of provided records revealed expired health certificates for direct support

Health Regulation Administration

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING B. WING 09/08/2010 HFD-03-028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2420 T STREET, SE **RCM OF WASHINGTON** WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1206 Continued From page 4 1206 Consultant #1's Health certificate is currently personnel (DSP) #1 and Consultant #1. Interview on file. with the QMRP during the review confirmed that the health certificates for the aforementioned Refer to attachment #3 persons were expired. DSP #1's health certificate was completed, 9-24-10 and will be brought to the office on In the future, the provider will ensure that all of the employees files are updated, and that record are available upon request.

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